

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> EPA United States Environmental Protection Agency Washington, DC 20460 </div> <div style="text-align: center;"> Work Assignment </div> </div>						Work Assignment Number 4-4				
						<input type="checkbox"/> Other <input checked="" type="checkbox"/> Amendment Number: 000003				
Contract Number EP-W-08-019		Contract Period 03/11/2008 To 03/10/2013 Base Option Period Number 4		Title of Work Assignment/SF Site Name Metrics & Indicators of FECS						
Contractor RESEARCH TRIANGLE INSTITUTE				Specify Section and paragraph of Contract SOW						
Purpose: <input type="checkbox"/> Work Assignment <input type="checkbox"/> Work Assignment Close-Out <input checked="" type="checkbox"/> Work Assignment Amendment <input type="checkbox"/> Incremental Funding <input type="checkbox"/> Work Plan Approval				Period of Performance From 03/11/2012 To 03/10/2013						
Comments: The purpose of this amendment is to approve the contractor's revised cost estimate dated September 18, 2012.										
<input type="checkbox"/> Superfund Accounting and Appropriations Data <input checked="" type="checkbox"/> Non-Superfund										
SFO <input type="checkbox"/> Note: To report additional accounting and appropriations date use EPA Form 1900-69A.										
Line	DCN (Max 6)	Budget/FY (Max 4)	Appropriation Code (Max 6)	Budget Org/Code (Max 7)	Program Element (Max 9)	Object Class (Max 4)	Amount (Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)
1										
2										
3										
4										
5										
Authorized Work Assignment Ceiling										
Contract Period:		Cost/Fee:		LOE:						
03/11/2008 To 03/10/2013				1,540						
This Action:				0						
Total:				1,540						
Work Plan / Cost Estimate Approvals										
Contractor WP Dated:				Cost/Fee:		LOE:				
Cumulative Approved:				Cost/Fee:		LOE:				
Work Assignment Manager Name Paul Ringold						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number 541-754-4565				
						FAX Number:				
Project Officer Name Ryan Daniels						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-6476				
						FAX Number:				
Other Agency Official Name						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number:				
						FAX Number:				
Contracting Official Name Ryan Daniels						Branch/Mail Code:				
_____ (Signature) (Date)						Phone Number: 202-564-6476				
						FAX Number:				